

Richard M. Flynn Commissioner

STATE OF NEW HAMPSHIRE

DEPARTMENT OF SAFETY

DIVISION OF FIRE STANDARDS & TRAINING

BUREAU OF EMERGENCY MEDICAL SERVICES

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Suzanne M. Prentiss Bureau Chief

TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING

June 21, 2006
Richard M. Flynn Fire Academy
Concord, New Hampshire

Members Present: John Sutton, MD, Sharon Phillips, RN, Steve Bateman, EMTP, Heather

Page, Cherie Holmes MD, Nick Mercuri, RN, EMTP, Joseph Mastromarino, MD, Rosie Swain, RN, Clare Wilmot, MD

Guests: Noreen LaFleur, RN, Doreen Gilligan, RN, Richard Ciampa, RN, Rajan

Gupta, MD, Chandra Engelbert, RN, William Demers, RN, David Strang,

MD

Bureau Staff: Clay Odell, EMTP, RN, Sue Prentiss, Chief, NHBEMS

I. Call to Order

The meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:30 am on Wednesday June 21, 2006 at the Richard M. Flynn Fire Academy in Concord, NH.

Item 1. Introductions: Attendees went around the table and introduced themselves.

Item 2. Minutes. The minutes of the April 2006 meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting.

II. New Business

Dr. Sutton moved this section to the beginning of the agenda as Dr. Strang, who was attending the meeting for the discussion of the trauma hospital renewal for Lakes Region General Hospital had another meeting that he had to attend.

Item 1. Lakes Region General Hospital Trauma Assignment Renewal Application The TMRC reviewed the renewal application for Lakes Region General Hospital. They are currently a Level III trauma hospital and are seeking renewal at that level. Doctor David Strang, Medical Director of LRGH's Trauma Program and Nick Mercuri, RN, EMTP, EMS and Trauma Coordinator were in attendance at today's

meeting to respond to questions. The committee was especially interested in LRGH's application of "Med Teams" in the emergency department. After review of the application Clare Wilmot moved to approve LRGH's renewal, seconded by Steve Bateman. The motion passed unanimously.

IV. Committee Discussion Items

Item 1. Renewal and Hospital Updates and AMT UR subcommittee Clay reported that he met with representatives of Androscoggin Valley Hospital's trauma program after their renewal application was tabled at the last TMRC meeting. He indicated that their application would be on hold while remedial steps were being taken. He anticipates that the application will be ready for review at the October meeting.

Clay reported that he has not yet taken action on the status of the Seacoast area trauma compact (see discussion in April 2006 TMRC minutes). He requires more time to approach the issue in an appropriate way.

The air medical transport utilization review subcommittee will be meeting today. They will be reviewing patient records from the ninth and tenth month of the twelve month study.

Clay reported that the Institute of Medicine of the National Academies of Science has recently published three reports that examine the state of emergency care in the US. As leaders of the EMS system in NH, members and guests of the TMRC should be aware of these important documents. Clay distributed copies of the Fact Sheet that summarizes the key findings and recommendations of the IOM reports.

- **Item 2. Interfacility Transport Task Force** The IFT Task Force will be meeting on June 27th. In addition to continuing efforts to implement plans introduced at the Summit II, the task force will be pursuing ideas related to an electronic / web-based clearinghouse of status of ambulance resources in the North Country.
- Item 3. Trauma Team Training Project Clay gave an update on the trauma team-training project that grew out of the 2005 trauma stakeholder's conference. The bid process to purchase a high fidelity simulation manikin has been completed, and we anticipate taking delivery of a Laerdal SimMan by the end of June. Additionally a contract with the Patient Safety Laboratory and Immersive Learning Center at Dartmouth-Hitchcock Medical Center has been approved. They will assist with developing and validating the curriculum, instructor training, and maintenance. Clay is hopeful that we will be able to start running the program this fall.
- Item 4 NH Bureau of EMS Report Sue Prentiss discussed activities of the NH Division of Fire Training and EMS that were of interest to the TMRC. She discussed the implementation of interim rules under House Bill 257 which establishes the authority for statewide protocols. The interim rules are in effect for six months, during which the permanent rules are being drafted and will go to public hearings. Some prehospital procedures that are not part of the DOT curriculum are allowed in NH, and these rules establish educational prerequisites that must be completed to do those

procedures. In addition, ALS equipment on ALS ambulances is now subject to the state's requirements and will be checked as part of the Bureau's ambulance inspections. Prior to this ALS equipment was determined by the Medical Resource Hospital.

Several physicians have expressed concerns about ambulance coverage, level of care, training issues, etc. at motocross motorcycle races. The Bureau has tried to determine what racetracks and what EMS services are involved, and have invited the EMS agencies to a meeting to discuss the concerns. The Bureau would like to facilitate a culture of EMS quality improvement at these venues.

The TEMSIS program is progressing well. Sue reports that 75% of the squads in NH are reporting under TEMSIS at this time. The Bureau continues to work with some small services to bring them online.

III Old Business

Item 1. Trauma Team Requirement for Level III Facilities Clay presented the revised hospital standards matrix that incorporated all the items that were discussed at the April TMRC meeting. These revisions require Level III's to have an organized trauma team response plan, instead of that being optional. Also revised are the requirements of trauma team leadership, specifically physician leadership. Also revised was a section in the Quality Improvement category enabling members of the TMRC or their designee to audit trauma QI programs.

With a minor change in wording of the QI proposal, a motion was made by Clare Wilmot to approve the changes to the hospital standards, seconded by Joe Mastromarino. The motion passed unanimously.

Item 2. Revision of NH Trauma Plan Dr. Sutton said that he and Clay had discussed the revision of the NH Trauma Plan, as discussed at the April meeting. It seems the best approach would be to break the plan down into sections and solicit volunteers to review the current plan and make recommendations to change. Following that process all the recommendations would be put together by a smaller group. Clay will be following up with members to solicit their help in this project.

IV. New Business

Item 2. 2006 Trauma Conference Clay opened the discussion about the 2006 Trauma Conference. In previous years federal grant funds from the HRSA Trauma – EMS Program helped fund the conference, but since the funding for the federal program was cut, those funds will not be available this year. A discussion ensued about increasing the registration fee for the program. Clay indicated that we will be exploring all options. Sue noted that the NH Rural Health Flexibility Program has generously offered to pay the expenses for one speaker. The date of the conference was tentatively set for November 29, 2006.

The group discussed possible topics for the conference. An idea that generated a lot of enthusiasm revolved around preparing patients for transport to Level I trauma hospitals. Clay will solicit members for a conference planning committee soon.

V. Public Comment

The Trauma Coordinators Working Group will be meeting here at the NH Fire Academy immediately following the TMRC meeting.

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee would be August 16, 2006 at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

Clay Odell, EMTP, RN Trauma Coordinator